

CODE OF PRACTICE FOR INTERPRETERS

Coordinating Centre for
Community & Health Care



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INTRODUCTION

- 1.1 In Britain a substantial number of people use a first language which is not English or speak a dialect which is not readily understood by others.
- 1.2 The Department of Health has acknowledged that this population is disadvantaged because of its reduced access to the Health Care System. It was proposed that the interpreting agency - the Ethnic Switchboard should establish guidelines for interpreter participation in the provision of health care.
- 1.3 This Code of Practice has been prepared by Committee Members and staff of the Ethnic Switchboard following wide consultation with others.
- 1.4 The aim of this Code is to provide clear guidelines on the principles of good practice in the task of providing interpreting skills within the Health Care System.
- 1.5 Good practice in interpreting will be achieved by a careful study of the contents of this Code, together with theoretical learning and practical experience in a 'Training Course' as for example that recommended by the Ethnic Switchboard.
- 1.6 Interpreting sessions for the purposes of health care are provided by the Health Service and also by the Social Services. Examples are found in The Health Care of Children, The Elderly and The Mentally Ill. This overlap will mean that the objectives of this Code may not be universally applicable in certain situations.
- 1.7 The task of interpreting is complex. It is a professional activity which involves an understanding of the important issues in communication. It brings together three persons of very different interests and backgrounds. It is associated with a large number of variables and this Code is an attempt to focus the attention of the interpreter to the major concerns in such activity.
- 1.8 Good practice will require the evaluation of the interpreter's skill and accuracy.

TERMS

- 2.1 The interpreter is someone who translates what has been said by one person in his/her language or dialect into a form - second language - which is readily understood by another person. This should mean that the primary aim of the interpreter should be to facilitate communication between two persons or groups of persons.
- 2.2 The Health and Social Service professional requesting the interpreting service will be referred to as the 'user'.
- 2.3 The non-English speaking person or group (including those who use a dialect) for whom the interpreting service is requested will be referred to as the 'patient'.
- 2.4 The patient may be accompanied by one or other relative or by another person and these persons will be referred to as 'relative'.
- 2.5 'Line managers' refers to staff in any Interpreting Agency who are acting in a supervisory capacity to interpreters.
- 2.6 'Professional Worker' refers to any person who is qualified in a professional capacity in some aspect of health care and who has been contracted to provide an interview in the same language or dialect of a non English speaking person.
- 2.7 In this Code of Practice it is intended that the advocacy role of the interpreter should be limited. The term 'Advocate' will be used to describe that role of the interpreter which seeks to provide limited support and to uphold the rights of the patient.

THE PROFESSIONAL SETTING

- 3.1 The interpreter should find out from the interpreting agency what are the conditions of the service which are required.
- 3.2 Under normal circumstances the interpreter should travel to the

hospital, clinic, general practice surgery or the home of the patient for the interpreting session.

- 3.3 In special circumstances the line manager may take the decision that the request for interpreting is of such urgency that this should be provided by way of a 'Three Way Telephone Service.'

- 3.4 *The interview situation should include:-*

- a) Pregnancy and child birth.
- b) The diagnosis of a medical and/or a psychiatric condition.
- c) Decisions about medical procedures or surgical operations.
- d) Sharing news of serious illness or death.
- e) Sharing information on the issue of recovery.
- f) Discharge from hospital or clinic.
- g) Follow up visits to a clinic Practitioner.
- h) To clarify whether the patient will require any social support or family support following discharge.
- i) Accidents and Emergencies.
- j) Explanation of rights as for example under the Mental Health Act or under the Children Act.
- k) Statutory procedures as for example the Mental Health Review Tribunal under the Mental Health Act.

- 3.5 *Before the session commences the interpreter should determine:-*

- a) The professional role of the user.
- b) The probable duration of the interview.
- c) Whether written translation of any material will be required.
- d) The exact language and dialect spoken by the patient.
- e) Whether the nearest relative (recognised under the Mental Health Act) or any other relative will be present.

- 3.6 One outcome of the interview may be that the user decides that it is necessary to admit the patient to hospital. In this circumstance the interpreter should find out if his/her services will be required for this procedure.

- 3.7 The line manager may decide that a particular session should be evaluated by the Interpreting Service. The interpreter should explain the procedure and obtain the consent of both user and patient.

THE INTERPRETING SESSION

- 4.1 The interpreter must conduct himself/herself in a professional manner.
- 4.2 The interpreter should respect the values and practices of the user's organisation. This may be in the public sector (the National Health Service), in private health facilities or in those facilities jointly provided by Health and Social Services.
- 4.3 The interpreter should abide by the agreements for interpreting which have been reached between the Manager of the Health Care System or the Social Services and the interpreting organisation.
- 4.4 The interpreter must be attentive to the needs and wishes of the patient at all times.
- 4.5 The interpreter should respect the rights of the parents of children who are patients.
- 4.6 The task of interpreting will require that the interpreter should provide a service which aims to be accurate and competent. This is a professional activity and it is important that the interpreter should be sensitive to the circumstances of the interview.
- 4.7 This task will be achieved if the interpreter has a grasp of both languages, is aware of the intricacies related to emotional content, strength or force of words, grammatical construction, the double-meanings of specific words in certain languages and is consistent in his/her translation of the common meaning of words.
- 4.8 The interpreter should be prepared to give clarification on language use if specifically asked to do so by the user or patient.
- 4.9 The interpreter will be required to undergo special training in the translation of special terms that are used in medical practice or are

specific to relevant areas of the law, e.g. Mental Health Act, Children Act.

4.10 The interpreter should be aware of and sensitive to the factors which vary among individuals and groups and therefore are relevant to the delivery of and utilisation (take-up) of Health Care. These include:-

- beliefs about the causes of and treatments for illness
- attitudes to illness in general and to particular disorders
- negative experience of the Health Care System
- fear and distrust of the Health Care System
- negative attitudes (stigma) to particular conditions e.g. mental illness; or procedures e.g. compulsory admission to hospital under the Mental Health Act
- fear of death
- problems encountered by refugees and recent immigrants
- financial and other social problems
- fear of attack and victimisation in every day life
- other stressful situations

4.11 The interpreter must conduct himself/herself in a manner that is courteous and respectful of the patient's social and cultural background.

4.12 The interpreter must not be biased by considerations of the class, and gender of the patient.

4.13 The interpreter must be sensitive to the religious views of the patient but must not see himself/herself as an interpreter of the relationship of religion to Health Care.

4.14 The interpreter should be aware of the fact that it is normal practice in medicine to interview relatives on important matters relating to the history of the patient's condition.

CONFIDENTIALITY

- 5.1 The principle of confidentiality should be observed at all times.
- 5.2 Under normal circumstances no information should be passed by the interpreter to anyone outside of the interpreting session. This should mean that the principle of confidentiality should be observed at all times.
- 5.3 In special circumstances the interpreter will be required to consult with the line manager on matters which have arisen in the interpreting session and which may necessitate further action or advice.
- 5.4 The consent of the patient to a procedure or treatment is of particular relevance to patients who have been detained under the Mental Health Act. However, the interpreter should be aware that consent is an important issue in all areas of medicine.
- 5.5 The interpreter will be required to ensure that any decision that has been taken by the user should be summarised in written form at the end of the session and in the presence of the patient and himself/herself. Such information should include decisions concerning investigations, procedures, treatment or hospitalisation and this should be recorded in the patient's language and in English.
- 5.6 The interpreter will be liable if he or she provides a service which is inaccurate or incompetent, and in the circumstance of a breach of confidentiality. It is recommended that the interpreting agency should make arrangements for insuring the interpreter against such malpractice.

THE ADVOCACY ROLE

- 6.1 The interpreter should resist the temptation of speaking for the patient.
- 6.2 The interpreter must make every attempt to clarify the meanings of words or terminology used by the user or the patient, when these are unfamiliar, or where exact equivalents are not available. (It is always

safer to acknowledge ignorance).

- 6.3 When information is available to the interpreter by way of indirect, discreet, unconscious or unclear messages and disclosures (either verbally or non-verbally), by the patient, the interpreter must confirm with the patient whether this is to be conveyed to the user.
- 6.4 The interpreter must be sensitive to the possibility of 'setting himself/herself up' as a cultural expert. However when the user shows curiosity or surprise on a specific matter the interpreter may inform the user of systems within the patient's culture that underpin his/her statements or behaviour. The interpreter's personal view of such systems must not be allowed to intrude on the interpreting session.
- 6.5 The interpreter's primary task is not to provide advice or counselling to the patient. This is the task of the user and in normal practice the interpreter should not intervene when this takes place. Under very unusual circumstances the interpreter may take the view that it is necessary to advise or counsel the patient on a particular matter. Before doing so he/she should tell the user of his/her intention or/and seek the advice of the line manager.
- 6.6 The interpreter is not a Social Worker or Community Worker and should not allow himself/herself to be used in these roles.
- 6.7 The interpreter should not allow himself/herself to take sides when it becomes clear to him/her that the patient is resistant to a medical or psychiatric procedure. In these circumstances the interpreter should remind the patient of his/her rights to choose after being fully informed and that even if he/she does consent to a particular procedure that he/she may withdraw this consent in due course.
- 6.8 A substantial proportion of the patient group encountered by the interpreter is likely to be socially disadvantaged and in need of someone to 'plead their cause'. Although a number of sessions will be arranged at the request of the patient most will be at the request of the user. In either circumstance the interpreter will not be expected to plead the patient's cause.
- 6.9 The interpreter should be aware that in normal life the non-English speaking population is exposed to insult, stereotyping (negative typing)

by others, exclusion by discrimination, and to being 'put down' because of 'racial' difference (racism). These may result because of their language, customs, dress, cultural differences and appearance. All these factors may be of significance in the assessment of a medical condition by the user or to the willingness of the patient to be assessed and treated.

The interpreter should respect the patient's right to raise concerns on these matters.

It is important that the interpreter should not initiate a protest or campaign on behalf of the patient.

- 6.10 In his/her special role of interpreting between ethnic groups, the interpreter may encounter situations of racial discrimination. If the interpreter believes that discrimination is evident this may raise important issues concerning the rights of the patient. Therefore the interpreter will be expected to convey this information to, and seek advice from, the line manager.
- 6.11 The interpreter should consult with the patient on matters of dietary restrictions and preferences and any other crucial matters, e.g. essential religious observance, personal care etc. When such information has been obtained this should be communicated to the user.
- 6.12 This Code of Practice aims to provide guidelines only. Therefore the interpreter will find that during the interpreting session there will be occasions when the best course of action will not be obvious. In these situations the interpreter is encouraged to inform the user and seek the advice of his/her line manager.

SPECIAL SITUATIONS

- 7.1 The interpreter should respect the right of the patient to object to him or her as the interpreter for the session. The patient may raise this objection at any time. When this occurs the interpreter should ask the patient to give a reason for the objection and inform the user of this, then seek advice from the line manager.

- 7.2 The interpreter will find that the female patient may be reluctant to share information with a male interpreter, but will not say this openly. An awareness of this possibility should prompt the interpreter to make appropriate enquiries on this matter.
- 7.3 The interpreter should seek to protect the rights of the 'individual' patient in areas of the Law.
- 7.4 The interpreter should respect the right of the patient to complain about the procedure of the interview or the way the medical system is organised. When the interpreter becomes aware of a complaint, dissatisfaction or allegation of negligence, which is perceived by the patient, this information should be recorded in writing, and given to the user and line manager.
- 7.5 The interpreter who has been employed specifically for a session in the Health Care or Social Service system should observe strict confidentiality to the patient and should not become involved in an interpreting session involving a criminal matter or any other legal issue without the prior consent of the patient and line manager.
- 7.6 The interpreter should respect the wishes of the patient on matters of sexual behaviour and/or the diseases or social problems related to this.
- 7.7 The interpreter should be aware of the special problems likely to be experienced by users in counselling patients on Genetic Disorders. Examples of these are Sickle Cell Anaemia, Thalassaemia and Down's Syndrome in certain circumstances. When such counselling is to be carried out the interpreter should clarify whether the spouse or other relative should be present.
- 7.8 The interpreter will find that often it may be impossible to be an effective interpreter to patients who are suffering from an emotional problem or mental illness. If the interpreter becomes aware of this difficulty he/she should reassure the patient of his/her right to object to the session. The interpreter should inform the user of these difficulties and/or of the possibility of his/her withdrawal from that session. In such circumstances it is recommended that the interview should be carried out by a 'Professional Worker' with the same language as the patient.

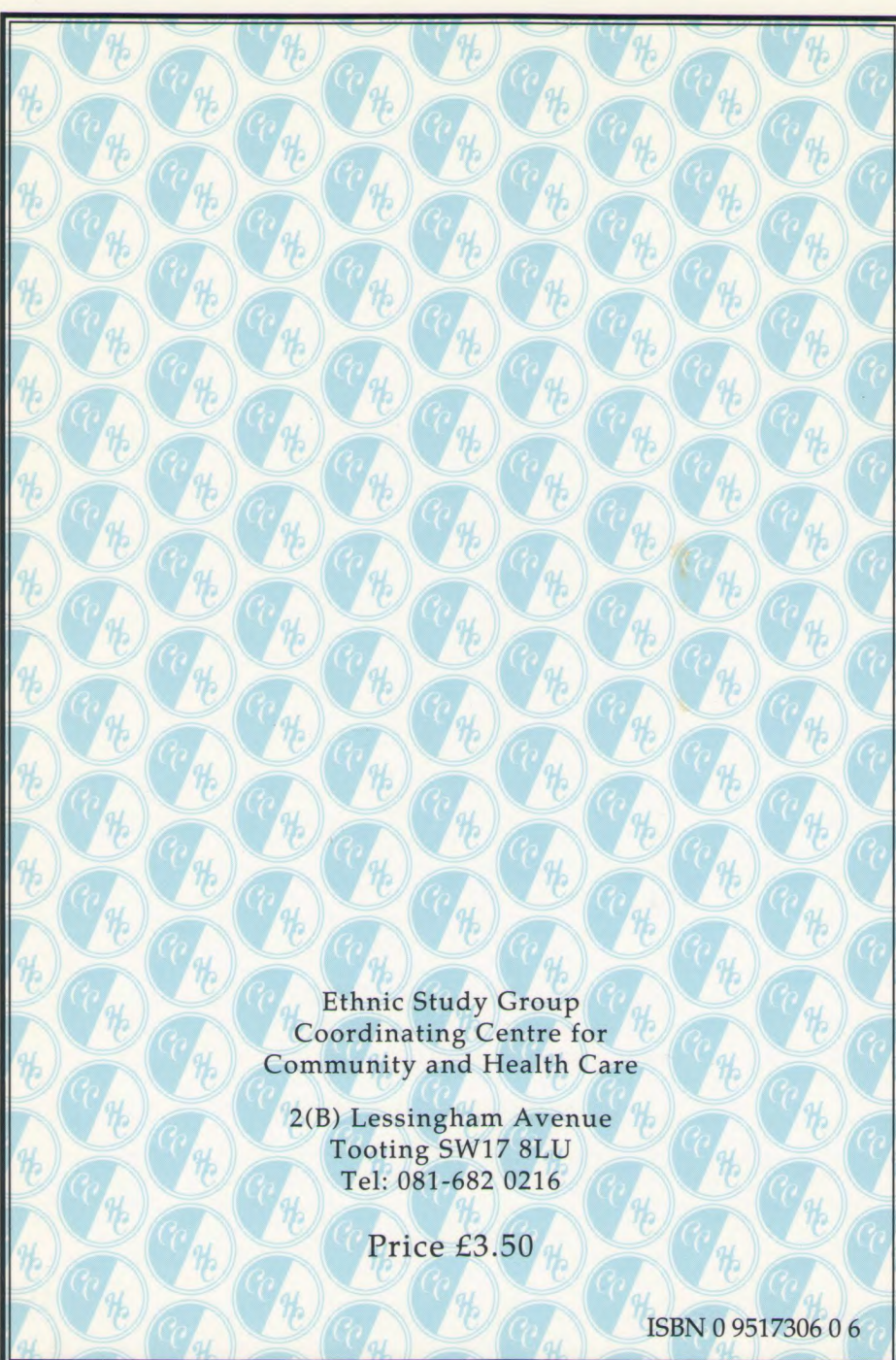
- 7.9 The interpreter may become involved in an interpreting session which arises from the medical or psychiatric effects of abuse. This may involve physical, sexual or racial attack. In these instances the interpreter should make every attempt to remain neutral.
- 7.10 The interpreter may be asked to assist in the diagnostic interview with adolescent patients who are suffering from problems of adjustment or other difficulties which come to the attention of the Emergency Department or have been referred to the Child and Adolescent Psychiatric Department. In some of these cases there will be conflict between the patient and his/her parent(s), and the interpreter may feel that he/she should take sides. It is important that the interpreter resists this temptation.
- 7.11 The interpreter will be required to be involved in procedures under the Mental Health Act. There is a Code of Practice related to this Act, and the interpreter should be aware of issues and procedures dealt with in this Code. These include admissions to hospital from the community, admissions through the Courts or from Prison, Guardianship, medical treatment, discharge and after - care of patients and the role of hospital managers. The interpreter should also be aware of the rights of the patient and of the safeguards which are provided by the Mental Health Review Tribunal and by the requirement for second opinions for drug treatments and other procedures.
- 7.12 The interpreter will be required to be involved in procedures under the Children Act and should be aware that the parental rights for children in care may be held by the Social Worker.
- 7.13 The interpreter may become aware that a user wishes to include the patient in a trial of treatment as for example, a drug trial. When this occurs the matter should be referred to the line manager.
- 7.14 Special difficulties will be encountered in the task of providing interpreting skills for the patient who is 'confused' because of head injury or for some other reason.

In these circumstances the interpreter should approach this task with particular care and caution.

© Ethnic Study Group
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First published 1991
1991 Ethnic Switchboard
2(B) Lessingham Avenue
Tooting SW17 8LU

Design and Typesetting Gary Inwood
Printed by the Three Cotts Press Ltd London



Ethnic Study Group
Coordinating Centre for
Community and Health Care

2(B) Lessingham Avenue
Tooting SW17 8LU
Tel: 081-682 0216

Price £3.50

ISBN 0 9517306 0 6